

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90076 024 ****50.00

DOCUMENT # L02000007893

1. Entity Name
FLORIDA STRATEGIES GROUP, LLC



Principal Place of Business
**34 SOUTEAST 7TH AVENUE, UNIT #4
DELRAY BEACH FL 33483**

Mailing Address
**34 SOUTEAST 7TH AVENUE, UNIT #4
DELRAY BEACH FL 33483**

2. Principal Place of Business
**34 SE 7th Ave
#4**

3. Mailing Address
**34 SE 7th Ave
#4**

City & State
Delray Beach FL
Zip
33483
Country
USA

City & State
Delray Beach FL
Zip
33483
Country
USA

4. FEI Number
01-0659950

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAM SLADE O'BRIEN
34 SOUTEAST 7TH AVENUE, UNIT #4
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name
William Slade O'Brien
Street Address (R.O. Box Number is Not Acceptable)
34 SE 7th Ave unit 4
City
Delray Beach FL Zip Code
33483

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Slade O'Brien** **President** **4-17-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAM SLADE O'BRIEN
34 SOUTEAST 7TH AVENUE, UNIT #4
DELRAY BEACH FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Slade O'Brien** **President** **4-17-03** **561-441-5866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)